ATTACHMENT A

END USER AGREEMENT

By requesting and receiving approval to access the DHHS Data:

- I understand that I will have direct and indirect access to confidential information in the course of performing my work activities.

- I agree to protect the confidential nature of all information to which I have access.

- I understand that there are state and federal laws and regulations that ensure the confidentiality of an individual s information.

- I understand that there are DHHS policies and agency procedures with which I am required to comply related to the protection of individually identifiable information.

- I understand that the information I will have direct and indirect access to shall not be shared outside the DHHS Scope of Work or related signed Contract, Memorandum of Understanding and/or Information Exchange Agreement/Data Sharing Agreement agreed upon.

- I understand that my SFTP or any information security credentials (Contactor user name and password) should not be shared with anyone. This applies to credentials used to access the site directly or indirectly through a third party application.

- I will not disclose or make use of the identity of any person or establishment discovered inadvertently. I will report such discoveries *within twenty four 24) hours* to: and
                              and the DHHS Program Manager Contact

- I will not imply or state, either in written or oral form that interpretations based on the data are those of the original data sources or the State of New Hampshire unless the data user and DHHS are formally collaborating.

- I will acknowledge, in all reports or presentations based on these data, the original source of the data.

- I understand how I am expected to ensure the protection of individually identifiable information. Should questions arise in the future about how to protect information to which I have access, I will immediately notify my supervisor.

- I have been informed that this signed agreement will be retained on file for future reference.

_____
Signature

Jeff Yowell_____
Printed Name

6/4/2019_____
Date

Operations_____
Title

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Signature _____ Date 6/9/19

Printed Name EDWARD SCHMITT Title DIR OF PRODUCT DEVELOPMENT

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Michael Polcaryo
Signature

Michael Policar pio
Printed Name

_6/4/2019_
Date

Software Engineer
Title

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_____   6/4/2019
Signature   Date

Jonathan Floyd   _____
Printed Name   Title